

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014431

1. Entity Name

AMPRO ELECTRIC COMPANY OF MIAMI, INC.

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90012 050 ***150.00

0114453

Principal Place of Business

379 SW 164 AVE
PEMBROOK PINES FL 33027

Mailing Address

379 SW 164 AVE
PEMBROOK PINES FL 33027

2. Principal Place of Business

581 NW 162 AVE
Suite, Apt. #, etc.

3. Mailing Address

581 NW 162 AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PEMBROOK PINES, FL PEMBROOK PINES, FL

City & State

PEMBROOK PINES, FL

4. FEI Number

65-0472974

Applied For

Not Applicable

Zip

33028

Country

USA

Zip

33028

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONCALVES, CARLOS
13800 S.W. 8TH ST.
BOX 259
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GONCALVES, CARLOS
STREET ADDRESS 379 SW 164 AVE
CITY-ST-ZIP PEMBROOK PINES FL 33027

TITLE SD ☐ Delete
NAME ABREU, MARIA E
STREET ADDRESS 571 E 46 ST
CITY-ST-ZIP HAILEAH FL 33013

TITLE TD ☒ Delete
NAME ZAMORA, MARIO
STREET ADDRESS 820 NW 41 AVE
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carlos Goncalves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/22/01

Daytime Phone #

CR2E034 (10/00)